PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

(Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT C	LAIMŚ	minus 3 = *		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II												THAN
_		(Column 1)		(Column 2) (Column 3)				SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 18	Minus		0	= .		X\$.9=	·	OR	X\$18=	٠
AME	Independent	* /	Minus	*** 2		=	F	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENI	CLAIM			+140=		OR	+280≕	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										ADDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		8	.000	
								TOTAL		OR	+280= TOTAL	
										OR	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				٠.		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		·	000	
. * H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	f the "Highest Nu	mber Previously Pa	lid For IN THIS	S SPACE is	less than	1 20, enter "20."	AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE	
***If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.												

								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO								RD (a)						
Effective October 1, 2000									065117.0057					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		ι OR	OTHER SMALL I			
ТО	TAL CLAIMS	13						RATE			RATE	FEE		
FO	R		NUMBER	FILED	NUMBER EXTRA		ВА	BASIC FEE 355.00		OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			13 min	us 20=	. Ø		\Box	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			/ mi	nus 3 =	* Ø		X40=		-	OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				<u> </u>	+135=			+270=			
* If the difference in column 1 is less than zer					ro, ontor "0" in column 2				TOTAL		TOTAL	700		
CLAIMS AS AMENDED - PART II						Ţ	OTAL		OR	OTHER	THAN			
					(Column 3)	s	MALL	ENTITY	OR	SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO.	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		=		X40=		OR	X80=			
٩	FIRST PRESE	T PRESENTATION OF MULTIPLE DEPENDENT CLAIM						405			.070			
							L ⁺	135=		OR	+270= TOTAL			
							ADI	DIT. FEE		OR _.	ADDIT. FEE	1		
	(Column 1) (Column 2) (Column CLAIMS HIGHEST					(Column 3)	1 —							
MENT B	Ya. 10	REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDM	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	=] >	(\$ 9=		OR	X\$18=			
AMEND	Independent	*	Minus	***		=	,	K40=		OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						¹ ├	135=		OR	+270=			
TOTAL										OR	TOTAL			
							ADE	OIT. FEE	<u> </u>	JON	ADDIT. FEE			
		(Column 1) CLAIMS		HIGH	mn 2) HEST	(Column 3)	1 —		ADDI .	l		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA] F	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=] >	(\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		<u> </u>		<40=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								3	On				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
		nber Previously Pa					er found	in the ap	propriate bo	x in co	olumn 1.			